

DO/ED BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 743930 RECEIPT DATE: 01 / 17 / 01
IA NUMBER: PCT/ CA99 / 00651 IA FILING DATE: 07 / 16 / 99
FAMILY NAME: CHORNET DELAY WAIVED (Y/N): Y
GIVEN NAME: ESTEBAN DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 07 / 17 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 3203.17330 P COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
NAME: JOHN M MANZON FAX
STREET: P O BOX 26618
CITY: MILWAUKEE
STATE/COUNTRY: WI ZIP: 532260618
EMAIL:
APPLICATION TITLES:
POLYLCONIC HYDROGELS CONTAINING XANTHANA AND CHITOSAN

TAB TO LAST POSITION, PUSH SEND